

NOTIFICATION OF COMPLETION OF WORK

DATE/TIME: _____

PROJECT: _____

ITEM NUMBER: _____ ITEM DESCRIPTION: _____

LOCATION: _____

I certify that the work identified above has been completed according to the contract requirements and checked for compliance. I further certify that I am qualified and designated, in writing, to perform this Quality Control/Assurance function on this project.

Name (Printed)

Signature

Remarks:



[FHWA use below line]

If box one or two is checked, the contractor can proceed immediately with the next phase of work.

Received by: _____
(NAME: Signature/print) (DATE/TIME)

- ☐ 1. This work will not be inspected.
- ☐ 2. This work was inspected and no deficiencies were found.
- ☐ 3. This work was inspected and deficiencies were found as noted below. The contractor can proceed with the next phase of work as noted below.
- ☐ 4. This work was inspected and deficiencies were found as noted below. The contractor must resubmit a WFLHD 470 upon correction of this work.

Remarks:

Recommended by: _____, Construction Manager
(Name: Signature & printed) (Date/Time)

Approved by: _____, FHWA Project Manager
(Name: Signature & printed) (Date/Time)

Date Returned to Contractor: _____